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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).)		Docket Number (Optional) 82530-US2	
Application Number 00/995736-Conf. #1809		Filed November 29, 2001	
For <b>A UNIVERSAL HOST FOR R. G OR R. G. B EMISSION IN ORGANIC LIGHT EMITTING DEVICES</b>			
Art Unit 2882		Examiner E. M. Kearney	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$50	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0281</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number is entry under 37 CFR 1.34 <u>43,369</u> .			
<u>Thomas D. Robbins</u> Signature		<u>June 28, 2005</u> Date	
<u>Thomas D. Robbins</u> Typed or printed name		<u>(202) 404-1553</u> Telephone Number	
NOTE: Signatures of all the inventor, or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms, if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			